

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

United States vs. Jermaine
McCannFOR N.D. Ill.
AT Chicago, IL

LOCATION NUMBER

ICND

DOCKET NUMBERS

Magistrate
08 CR 122-9
District Court
Court of Appeals

PERSON REPRESENTED (Show your full name)

Jermaine McCann

CHARGE/OFFENSE (describe if applicable & check box)

☒ Felony☐ Misdemeanor21, USC, § 846

- FILED**
7-9-2008
MAGISTRATE
UNITED STATES COURT
- 1 ☒ Defendant - Adult
2 ☐ Defendant - Juvenile
3 ☐ Appellant
4 ☐ Probation Violator
5 ☐ Parole Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other (Specify)

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed															
		Name and address of employer: _____															
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment <u>07/2007</u> How much did you earn per month? \$ <u>1400.00</u>														
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____															
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	RECEIVED	SOURCES IF YES, GIVE THE AMOUNT <u>250/week</u> <u>remodeling/construction work</u> RECEIVED & IDENTIFY \$ _____ THE SOURCES _____															
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____																
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
	VALUE	DESCRIPTION															
OBLIGATIONS & DEBTS	DEPENDENTS	<table border="1"> <tr> <td>MARITAL STATUS</td> <td>Total No. of Dependents</td> </tr> <tr> <td><input type="checkbox"/> SINGLE</td> <td rowspan="4"><u>2</u></td> </tr> <tr> <td><input type="checkbox"/> MARRIED</td> </tr> <tr> <td><input type="checkbox"/> WIDOWED</td> </tr> <tr> <td><input type="checkbox"/> SEPARATED OR DIVORCED</td> </tr> </table>		MARITAL STATUS	Total No. of Dependents	<input type="checkbox"/> SINGLE	<u>2</u>	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED OR DIVORCED							
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(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)																	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 2-13-08SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Jermaine McCann